


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90079 044 \*\*\*150.00

<b>DOCUMENT # K30918</b>		
1. Entity Name <b>FUTURE GENERATIONS, INC.</b>		

Principal Place of Business <b>11098 BISCAYNE BLVD. SUITE 302 N. MIAMI, FL 33161 US</b>	Mailing Address <b>P. O. BOX 61-1207 N. MIAMI, FL 33261-1207 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>11098 Biscayne Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Suite 302</b>

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33161</b>	Zip <b>33161</b>
Country <b>USA</b>	Country <b>USA</b>



02072008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>GEARTNER, CLARK 11098 BISCAYNE BLVD. SUITE 302 NORTH MIAMI, FL 33161</b>	
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4. FEI Number <b>65-0078256</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)

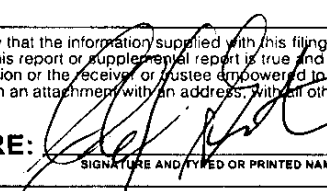
DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ZAWADZKI, PAUL 11098 BISCAYNE BLVD SUITE 302 MIAMI, FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GEARTNER, CLARK 11098 BISCAYNE BLVD STE 302 MIAMI, FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LOBKOWICZ, MARTIN 11098 BISC. BLVD. SUITE 302 MIAMI, FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE: 	<b>4/14/08</b> Date	<b>305-891-6383</b> Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		